



SMA ANNUAL GOLF TOURNAMENT 2025

Date: Wednesday, 30 July 2025

Venue: Orchid Country Club (OCC)

Registration & Lunch at 11.30 am (Shotgun start at 1.15pm)

REGISTRATION FORM

Email to: golf@sma.org.sg

Name: Dr / AProf / Prof / Mr / Ms / Mdm	MCR No:	Gender:	Male
			Female

Address: _____

Postal Code [_____]

*Tel: _____ *Mobile: _____ *Email: _____

*SMA Member	Yes	*OCC Member:	Yes	*OCC Membership No:
	No		No	

*Practice Area: _____ GP / Family Medicine _____ Specialist (Specialty: _____)

*Senior Golfer : MALE - above 55 years old FEMALE - above 60 years old	Yes	No	*Age:	*Handicap:
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* 8 Course Sit-Down Chinese Dinner - Please circle: 1) If you will stay for dinner? Yes / No
2) Special dietary requirement: Vegetarian / Halal

Registration Fees for Golf Tournament (please tick whichever is applicable)

☐ SMA Member: \$198.00 ☐ Non-SMA Member: \$275.00

Payment of Registration Fees:

#PAYNOW	UEN No. S61SS0168E
#BANK TRANSFER	DBS Account no: 001-063564-6 Beneficiary Account name: Singapore Medical Association

#Please indicate "SMA GOLF" as reference when making payment via these modes so that we can trace your payment.

CREDIT CARD ☐ Visa ☐ Mastercard

Credit Card No.: - - -

Security Code (on reverse of Card): Card Expiry Date (month/year): /

This event is made possible by the generous sponsorship of our sponsor(s). By registering for this event, you consent to the collection, usage and disclosure of personal data provided for the purpose of this event as well as having your photograph and/or video to be taken by the SMA and its appointed agent for the purpose of publicity and report of the event. **Your name, email address and contact number will be disclosed to our sponsor(s).**

Signature : _____

Date : _____

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*Required fields

